



## Group Program Registration Form

Fill out this form completely & mail with payment to:

Garner Parks, Recreation & Cultural Resources Department/White Deer Park  
900 7th Avenue; Garner, NC 27529  
(please designate checks to Town of Garner)

Your receipt for payment will be your registration confirmation.

Group/School Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Number or Fax: \_\_\_\_\_  
Contact Teacher/Leader Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Grade Level/Age: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
Name of Program : \_\_\_\_\_ Date/Time: \_\_\_\_\_

Do you have students with special needs? ☐ Yes ☐ No

If yes, please indicate needs and how we can best accommodate your students:

\_\_\_\_\_  
\_\_\_\_\_

### Group Program Policy Reminders:

- Programs are rain or shine! (If schools are delayed or closed due to weather, please call to reschedule.)
- Programs are designed for 20 students or less. Larger groups may be asked to split into separate groups and pay an additional program fee.
- Cancellations must be made 30 days prior to program in order to receive refund.
- Groups should have one leader/adult per 5 participants.

### Our standard liability policy is in place for group programs: Warning, Liability Release, Acknowledgment &

**Assumption of Risk:** I understand that participation in this recreation program involves risk of injury or loss of property. These risks include but are not limited to collision with other participants, being hit by ball or bat, allergic reaction, theft, tripping or falling, contact with other participants that may have infectious (communicable) diseases, physical exertion or other accidents. I further understand that before participating in this or any program, I should consult a physician for advice. By signing this form, I acknowledge all risks of loss, injury or death and affirm that I am willing to assume responsibility should loss, injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the teachers and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment from the Town, its employees or its agents for bodily injury, death, or other loss resulting from this program, and to release those parties from any liability for damages resulting from the loss, injury or death. I understand that no insurance coverage is provided by the Town of Garner.

**Permission to Use Image:** I grant the Town of Garner permission to use, for any legitimate reason, any photographs, motion picture or recording of my participation in this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Program Dates Verified by: \_\_\_\_\_ Date of Program: \_\_\_\_\_

Time of Program: \_\_\_\_\_ Program Title: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Fees received: \$ \_\_\_\_\_ Receipt Mailed On: \_\_\_\_\_ Receipt mailed by: \_\_\_\_\_

Does this reservation include use of a shelter? Is so, which shelter(s) at what times?

Shelter Name(s): \_\_\_\_\_ Reservation Time: \_\_\_\_\_